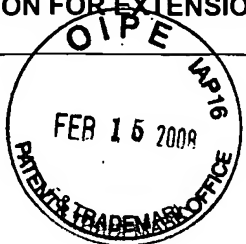
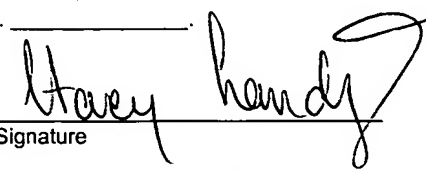
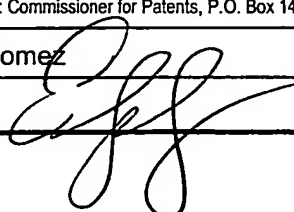


ifw 1648

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 305JP-010510US															
	In re Application of Jairam R. Lingappa, et al.																
	Application Number: 10/527,973	Filed: August 2, 2006															
	For VIRAL DECONSTRUCTION THROUGH CAPSID ASSEMBLY IN VITRO																
	Group Art Unit 1648	Examiner Nicole Kinsey															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td style="width: 5%;"><input type="checkbox"/></td><td style="width: 75%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$120</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$460</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$1050</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$1640</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$2230</td></tr></table> <p><input checked="" type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>820.00</u>.</p> <p>A small entity statement under 37 CFR 1.27:</p> <p><input type="checkbox"/> is enclosed.</p> <p><input checked="" type="checkbox"/> has already been filed in this application.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number <u>50-0893</u>.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> applicant.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a)</p> <p style="margin-left: 150px;">Registration number if acting under 37 CFR 1.34(a): _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"><p>02/15/2008 SDIRETA1 00000013 500893 10527973</p><p>01 FC:2254 820.00 DA</p></div><div style="width: 50%; text-align: right;"><p> Signature</p><p><u>Stacy Landry, 42,779</u> Typed or printed name and Reg. No.</p></div></div>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050															
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230															

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below:			
Typed or Printed Name	Evelyn Gomez		
Signature		Date	2/11/08

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Complete if Known

Application Number	10/527,973
Filing Date	August 2, 2006 (Int'l filing date :
First Named Inventor	Jairam R. Lingappa
Examiner Name	Nicole Kinsey
Art Unit	1648
Attorney Docket No.	305JP-010510US

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**820.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**  
☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: **Request for extension of time**

Other:

Other:

Other:

Other:

Fees Paid (\$)

820

SUBMITTED BY

Signature

*Stacy Landry*

Registration No.  
(Attorney/Agent)

42,779

Telephone

Name (Print/Type)

Stacy Landry

Date

2-11-08